.CE OF BIRTH	BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH State File No	3
	State	
rict or Township	or Village	77711141111111111111111111111111111111
ty Height	(If billy occurred in a fostilital or institution, give its NAME instead of street. If child is not yet n	amed, make 3
3. Sex of Child The answered ONI	supplemental freport, Supplemental freport, Supplemental freport, Supplemental freport,	as directed.
in event of plural births.	5. No., in order of birth 2 7. Date of birth Day	929 Near
S Full native to Nov	Lucas Full maiden hameling Martin	
9. Residence (Usual place of abode)	16. Residence (Usual place of prode)	
If non-resident, give place and state,	If non-resident, give place and stage.	
10 Color or race	16. Golor or race	3/
12. Birthplace (city or place)	sholan 18. Birthplace (gill bestrutton	(Years)
(State or country)	elicas (My (State or country) gagaties	Man -
13. Occupation	19. Occupation House li	refe
20. Number of children of this mother.	opparam 1	
(Taken as of time of birth of child her certified and including this child.)	thalania necessary	Agminst opk-
· † * * * * * * * * * * * * * * * * * *	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	NO +
I hereby certify that I attended the bit	rth of this child, who was (Born alive millions.)	above stated
*When there was no attending physic or midwife, then the father, househole etc., should make this return. A still child is one that neither breathes shows other evidence of life after bit	der, orn	and it
Given name added from	(Physician of midwi	۵.
a supplemental report Month, day	, year Address 13 m. Of	nu.
Registra	Filed Filed 1929	intrar

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